



61.

AF/AG 1647

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER		Attorney's Docket No: 2849-A	
Serial No. 08/943,776	Filing Date October 3, 1997	Examiner Lorraine Spector	Group Art Unit 1647

In Re Application of
Mariapia A. Degli-Esposti and Raymond Goodwin

For
NOVEL RECEPTOR THAT CAUSES CELL DEATH

TO THE COMMISSIONER FOR PATENTS:

- ☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- ☐ One month of original due date (\$110.00)
 - ☐ Two months of original due date (\$420.00)
 - ☒ Three months of original due date (\$950.00)
 - ☐ Four months of original due date (\$1,480.00)
 - ☐ Five months of original due date (\$2,010.00)
- ☒ A response in connection with the matter for which this extension is requested:
- ☒ is filed herewith.
 - ☐ has been filed.
 - ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
 - ☐ The accompanying papers include amended claims for which no additional fee is required.
 - ☒ The accompanying papers include amended claims the fee for which has been calculated as follows:

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CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	22	Minus	22 =	0	x \$18	= \$ 0.00
Indep. Claims	12	Minus	10 =	2	x \$86	= 172.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment						172.00

- * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

- ☐ The following other fees are incurred by the accompanying papers.
☒ Other: Information Disclosure Statement; PTO Form 1449; 2 cited references

Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$ 1,122.00
A duplicate copy of this petition is attached.

- ☒ If an additional extension of time is required, please consider this a request therefore.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

Immunex Corporation
Law Department
51 University Street
Seattle, Washington 98101
(206) 587-0430

Christine M. Bellas
Attorney/Agent for Applicants
Registration No.: 34,122
Phone: (206) 265-6294
Date: November 26, 2003

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

November 26, 2003
Date

Signature